Submit 3 Copies To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
District I Energy, Willierans and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II OIL CONCEDIVATION DIVISION	30-015-05935
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ⊠ FEE □
1000 Rio Brazos Rd., Aztec, NM 87410	STATE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	B-752-2
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name SOUTH RED LAKE II UNIT
PROPOSALS.)	8. Well Number 51
1. Type of Well: Oil Well ☑ Gas Well ☐ Other 2. Name of Operator RECEIVED	9. OGRID Number
2. Name of Operator McQuadrangle, L.C.	3. GOMB Number
3. Address of Operator MAR 0 1 2005	10. Pool name or Wildcat
7008 Salem, Lubbock, Texas 79424	QUEEN GRAYBURG, SA
4. Well Location	
Unit Letter K: 23/0 feet from the Sour H line and	
Section 36 Township 17-S Range 27-E	NMPM County: Eddy
11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
Pit or Below-grade Tank Application or Closure	
Pit typeDepth to GroundwaterDistance from nearest fresh water well	
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls;	Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
	DRILLING OPNS. P AND A
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEM	ENT JOB L
OTHER: WELL NAME CHANGE	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
Y1 1 10 10 11 10 11 10 11 11 11 11 11 11	
I hereby certify that the information above is true and complete to the best of my knowled grade tank has been/will be constructed or closed according to NMOCD guidelines. , a general perm	
SIGNATURE () W. I. W. W. C. W.	DATE
SIGNATURE VOLLEY 11. 11. WITCH TITLE 1995.	DATE
Type or print name Delbert McDougal E-mail address:	Telephone No. (806)797-3164
For State Use Only TIM W. GUM	APR 1 2 2005
APPROVED BY: DISTRICT II SUPERVISORE	DATE
Conditions of Approval (if any):	